

VERIFICATION OF ACCEPTANCE/GOOD STANDING REPORT

This Verification of Acceptance/Good Standing Report certifies that the student identified below has been accepted for admission or is enrolled in good standing for the 2013-2014 academic year as indicated. (To be completed by a school official only.)

1. Student's Name (Last, First, Middle) _____

2. Student's Social Security Number (Last 4 digits) _____

3. Nursing program the student is admitted to/enrolled in:

Associate _____ Baccalaureate _____ Masters _____ Diploma _____ Doctoral _____

4. When will/did the student enter the nursing program for which funding is being requested: (mm/yy): _____

5. Is the student in good academic standing? Yes _____ No _____

6. Is the student considered Full-Time or Part Time in the nursing program? Full-Time _____ Part-Time _____

7. Length of the full-time nursing program (years and/or months): _____

8. Date professional nursing classes begin for the 2013-2014 academic year (mm/yy): _____

9. Nursing program end date (Completion of required classes for graduation) (mm/yy): _____

10. Anticipated date of graduation (mm/yy): _____

11. Student's total cumulative Grade Point Average (GPA): _____

12. Is there a contingency to the student's acceptance to the program? Examples include the student needing to repeat a course or the student receiving an "Incomplete" status for a course. Yes _____ No _____

If YES, please explain: _____

(All contingencies must be met by the start of the Fall 2013-2014 term.)

13. Nursing Program Accreditation (The NSP will only fund students attending fully accredited institutions)

Name of National or Regional Accreditation Organization: _____

Accreditation Expiration / Renewal Date: (mm/yy): _____

Is accreditation provisional? Yes _____ No _____

School Information

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Nursing School Official Contact Information

Name & Title: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

By signing my name below, I certify that the information provided on this Verification of Acceptance/Good Standing Report is accurate and complete to the best of my knowledge and belief. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18, Section 1001.

Signature of Nursing School Official: _____ Date: _____